

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 31 PH 2:38

DOCUMENT # P32661

(1)

1. Corporation Name

HYDROBLASTING, INC.

Principal Place of Business

**PO BOX 526
MULBERRY FL 33860**

Mailing Address

**PO BOX 526
MULBERRY FL 33860**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/31/1991

3a. Date of Last Report

04/06/1994

4. FEI Number

59-2982938

Applied For

☐ Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, MICHAEL G
109 SE 7TH AVE
MULBERRY FL 33860**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE	PD
NAME	MURPHY, JIM
STREET ADDRESS	109 S.E. 7TH AVE.
CITY- ST - ZIP	MULBERRY FL
TITLE	SD
NAME	MURPHY, SEAN
STREET ADDRESS	109 S.E. 7TH AVE.
CITY- ST - ZIP	MULBERRY FL
TITLE	D
NAME	MICHAEL, MURPHY F
STREET ADDRESS	109 SE 7 AVE
CITY- ST - ZIP	MULBERRY FL
TITLE	D
NAME	MURPHY, VICTORIA
STREET ADDRESS	109 SE 7 AVE
CITY- ST - ZIP	MULBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, attach attachment with an address.

SIGNATURE:

Jim Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime / Home #

1-20-X95 812-425-4000